2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

DOCUMENT # N48958 1. Entity Name DEVONAIRE COMMERCE CENTER VIII CONDOMINIUM ASSOCIATION, INC.					03-30-2007	90126 019 ****6	1.25
Principal Place of Business Mailing Address 12466 SW 128 ST 12466 SW 128 ST MIAMI, FL 33186 MIAMI, FL 33186				400			
Principal Place of Business - No P.O. Box # 3. Mailing Address							
12474 Sw 128 Str. 12474 Sw 128 Str. Suite, Apt. #, etc. Suite, Apt. #, etc.			00450007	Chg-NP	CR2E037 (12/06)		
City & State	L 33186	Gity & State	<u> </u>	4. FEI Number 65-03408	77		plied For t Applicable
⁷ Zlp	Country DAO &	33186	DAD &	5. Certificate of	Status Desired	\$8.75 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New R	egistered Agent	
WILLIAMS, LANCELOT P 12464-SW 128 ST MIAMH, FL 33186				ERNESTO E	STRVE S Not Acceptable Z B	e) ↑ ·	
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City M.							186
	named entity submits this statement f	or the purpose of changing its re	egistered office or	registered agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
the obligat	ions of registered agent.					• i	
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SIGNATURE	ERUESTO BST6 Signature, typed or printed name of registered agen		Registered Agent signat	ure required when ten stating)		0ATE	
SIGNATURE			paign Financing	\$5.00 May Be Added to Fees		DATE Take check payable to rida Department of St	
	Signature, typed or printed name of registered agen Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flor	DATE	tate
SIGNATURE 10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing antribution.	\$5.00 May Be Added to Fees	Flor	DATE Take check payable to rida Department of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CFTY-ST-ZIP